



COLORADO

Department of Health Care
Policy & Financing

Pharmacy Unit
1570 Grant Street
Denver, CO 80203

Rx Review Program Pharmacist Application

Thank you for expressing interest in the Colorado Medicaid Rx Review Program. Please complete the following application and fax (303.866.3590) or scan and e-mail to Sara Haynes at sara.haynes@state.co.us

Name:	_____	License Number:	_____
Mailing Address:	_____	Telephone:	_____
	_____	Fax:	_____
Practice Site:	_____	Practice Address:	_____
E-mail:	_____		_____
Requested Consultation Areas / Zip Codes:		_____	
Number of Consultations able to complete in a 30 day period:		_____	
Start Date:		_____	
Special Requests:		_____	

As defined in the STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM, CCR Document:10 CCR 2505-10 8.800 MEDICAL ASSISTANCE - SECTION 8.895.2.B, all pharmacists participating in the Medication Therapy Counseling / Rx Review program must meet the following qualifications.

Please complete the following checklist:

☐ Colorado Pharmacy license (unrestricted and in good standing)

AND

☐ Professional Liability Insurance (\$1,000,000 Professional Liability/Errors and Omissions Insurance on a claims-made basis)

AND

One or more of the following items:

☐ Completion of a pharmacy practice residency accredited by the American Society of Health Systems Pharmacists (ASHP) or the American Pharmaceutical Association (APhA)

OR

☐ A bachelor of pharmacy degree and completion of a certificate program accredited by the Accreditation Council for Pharmacy Education (ACPE) in each area of practice, and 40 hours of on site supervised clinical practice and training in each area in which the pharmacist is choosing to practice

OR

☐ A Doctor of Pharmacy degree and completion of at least 40 hours of ACPE approved continuing education regarding clinical practice and 40 hours of on site supervised clinical practice and training in each area in which the pharmacist is choosing to practice

OR

☐ Current Board specialty certification from the Board of Pharmaceutical Specialties, current certification from the National Institute for Standards in Pharmacist Credentialing (NISPC), or current certification from the Commission for Certification in Geriatric Pharmacy. Such credentials must be in the area of pharmacy practice undertaken in the drug therapy management.

Signature _____

Date _____